

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT
UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

Osuab Correa-Martinez

(Enter above the full name of the plaintiff in this action)

COMPLAINT

V.

Civil Action No. _____

(To be supplied by the Clerk of the Court)

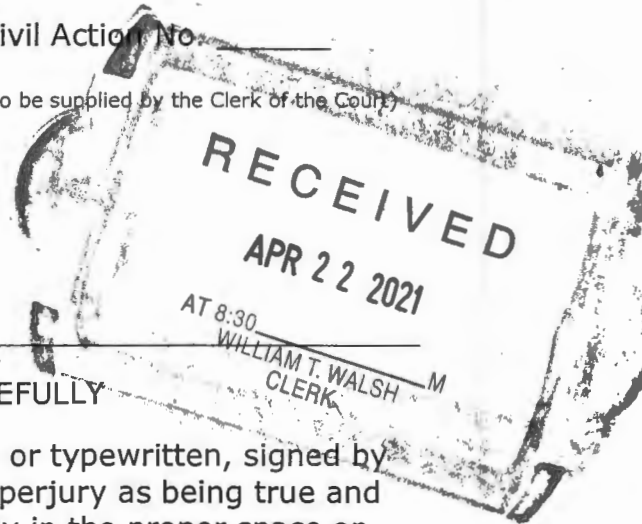
N.S.P., Officer Umana, Officer Torres,
Officer Quispe, Officer Licea,
Sgt. Pittman, Officer John Doe, Medi-

(Enter the full name of the defendant or defendants in this action)

Cal Dept., S.I.D., & Rutgers Health Care.

INSTRUCTIONS; READ CAREFULLY

1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction depends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.
5. Upon receipt of a fee of \$400.00 (a filing fee of \$350.00, and an administrative fee of \$50.00), your complaint will be filed. You will be responsible for service of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedure.



2. Previously Dismissed Federal Civil Actions or Appeals

If you are proceeding in forma pauperis, list each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility, that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted. Please note that a prisoner who has on three or more prior occasions, while detained in any facility, brought an action or appeal in a federal court that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted, will be denied in forma pauperis status unless that prisoner is under imminent danger of serious physical injury. See 28 U.S.C. § 1915(g).

a. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

b. Court and docket number: _____

- c. Grounds for dismissal: () frivolous () malicious
 () failure to state a claim upon which relief may be granted

d. Approximate date of filing lawsuit: _____

e. Approximate date of disposition: _____

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on separate sheets.

3. Place of Present Confinement? _____

4. Parties

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for additional Plaintiffs, if any.)

- a. Name of plaintiff: Dswaldo Correa-Martinez

5. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in the Statement of Claims on page 6.

☒ Yes ☐ No

If your answer is "Yes," briefly describe the steps taken, including how relief was sought, from whom you sought relief, and the results.

I wrote Greivance, Inquires & Reporter To Administration & S.I.D., But Until Today I Never Have A Answer From Any One Of Them.

If your answer is "No," briefly explain why administrative remedies were not exhausted.

6. Statement of Claims

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

ON 3-17-2020, I WAS IN INFIRMARY IN MEDICAL DEPT. WHEN OFFICER TORRES OPEN THE DOOR & PUNCH ME TWIST IN THE CHEST WITH OUT WARNING & TOLD ME, "YOU FUKING SNICH, NEXT TIME YOU CALL S.I.D. ON ME I AM GOING TO KILL, MOTHER FUCKER. OFFICER WAS ON THE DOOR WATCHING. ON 3-17-2020 OFFICER TORRES OPEN THE DOOR AGAING (4 P.M) AND KICK ME IN MY RIGHT KNEE & TOLD ME THE SAME THING HE TOLD ME AT 3 P.M.

8. Do you request a jury or non-jury trial? (Check only one)

☒ Jury Trial () Non-Jury Trial

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 9 day of April, 2021



Signature of plaintiff*

(*EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT HERE. ADD ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF. REMEMBER, EACH PLAINTIFF MUST SIGN THE COMPLAINT).

Third Defendant

Name: Officers Torres

Position: Officers

Place Of Employment: N.S.P.

Incident Involvement: Assault Me, & Police Brutality & Police Misconduct.

Fourth Defendant

Name: Officer Quispe

Position: Officer

Place Of Employment - N.S.P.

Incident Involvement - He witness the Hole Incident & Fail To Help Me And To Protect Me.

Fifth Defendant

Name: Officer Licea

Position: Officer

Place Of Employment: N.S.P.

Incident Involvement: He Try To Help Me & To Id Umana To Take It Easy On Me Because I was very Sick.

Sixth Defendant

Name: Sgt. P. H. Man

Position: Sgt.

Place Of work: - N.S.P.

Involvement - She Did Nothing To Protect me From Officer Umana & She was There.

Seventh

Name: Officer John Doe

Position: Officer

Place Of work: N.S.P.

Involvement: ~~He~~ Almost Brake My Right Hand when I Pass To E.D.

Eighth - Medical Dept. fail To Protect me from this Officers, Because The Incident was In Infirmary - N.S.P.
Place Of work - N.S.P. (Infirmary).

Ninth, S.I.D., Put me In S.U. Until :
As T.C.C. status
They Can Move me To Another Prison and
They See How This Officer Want To Hear Me
and I Pass E.d. On 3-25-20 They Transfer Me To E.J.S.P.
Work Place - N.S.P.

Tenth - Ruger's Health Care
Are The Insurance Company For Medical &
Mental Health Dept.
Place of work - N.S.P.

ACCOUNT CERTIFICATION FORM

OSVALDO CORREA-MARTINEZ
Inmate Name

853511A / 1202349
Inmate Number

I certify that the attached trust fund account statement is true and correct.

March 30, 2021
Date

Donald W. Pross
Authorized Officer of Institution

NOTICE TO PRISON OFFICIALS: Pursuant to the Prison Litigation Reform Act, you will be obligated to forward payments to the appropriate United States District Court if the prisoner herein is granted leave to proceed in forma pauperis 28 U.S.C. § 1915 (b) (2) (April 26, 1996). Pursuant to the statute, once an initial partial fee is paid the prison official in charge of the prisoner's account must forward payments of 20% of the income credited to the prisoner's account during the preceding month, each month the amount exceeds \$10.00; until the entire filing fee has been paid.

COIPRAS

NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 09/01/2020 - 03/30/2021

SBI #: 000853511A Name: CORREA-MARTINEZ, OSVALDO DOB: 04/01/1961
 LOCATION: NSP-NORTH-C1W-119B INM# 1202349
 PED: 06/02/2022 As of Date: 06/02/2022 Max Date: 08/23/2026

LOCATION	SUB ACCOUNT	BEGINNING BALANCE	ENDING BALANCE	HOLD
CRAF	2101 SPENDABLE	0.00	0.00	
EJSP	2101 SPENDABLE	0.00	0.00	
EJSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
EJSP	2103 RELEASE SAVINGS	0.00	0.00	
NSP	2101 SPENDABLE	0.00	3.80	
NSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
NSP	2103 RELEASE SAVINGS	0.00	0.00	
SWSP	2101 SPENDABLE	0.00	0.00	
SWSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
SWSP	2103 RELEASE SAVINGS	0.00	0.00	

DEBTS AND LOANS SUMMARY

TYPE	PAYABLE	DATE CREATED/INSTITUTION	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
RXL	PHARMACY LOAN	09/02/2019 @ SWSP	1.00	1.00	0.00	ACTIVE
MEDL	MEDICAL LOAN	09/02/2019 @ SWSP	5.00	5.00	0.00	ACTIVE
TCL	TELEPHONE CALL LOAN	05/31/2019 @ NSP	5.63	2.60	3.03	ACTIVE
COPL	LEGAL COPY LOAN	05/13/2019 @ NSP	6.10	0.40	5.70	ACTIVE
LGLML	LEGAL MAIL LOAN	04/25/2019 @ NSP	19.74	10.99	8.75	ACTIVE
MEDL	MEDICAL LOAN	04/08/2019 @ NSP	35.00	28.10	6.90	ACTIVE
RXL	PHARMACY LOAN	03/11/2019 @ NSP	13.00	11.00	2.00	ACTIVE
LGLML	LEGAL MAIL LOAN	08/27/2020 @ EJSP	8.05	0.00	8.05	ACTIVE
COPL	LEGAL COPY LOAN	07/29/2020 @ EJSP	11.53	0.00	11.53	ACTIVE
RXL	PHARMACY LOAN	03/30/2020 @ EJSP	25.00	0.00	25.00	ACTIVE
MEDL	MEDICAL LOAN	03/30/2020 @ EJSP	25.00	17.16	7.84	ACTIVE

OBLIGATIONS SUMMARY

TYPE	PAYABLE	INFO / INDICTMENT #	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
LEOTEF	LAW ENFOR. OFR. TRAIN. & EQUIP. FUND	PAS170100045I	30.00	1.86	28.14	ACTIVE
CDRC	\$100 CRIMINAL DISP. AND REV. COLLECTION	PAS170100045I	6.00	6.00	0.00	ACTIVE
VWAF	\$100 VICTIMS AND WITNESS ADVOCACY FUND	PAS170100045I	16.00	16.00	0.00	ACTIVE
VCCBX	>100 VICTIMS OF CRIME COMPENSATION BOARD	PAS170100045I	50.00	50.00	0.00	ACTIVE
VCCB	\$100 VICTIMS OF CRIME COMPENSATION BOARD	PAS170100045I	78.00	78.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	PAS170100045I	225.00	0.00	225.00	ACTIVE
TCF	TRANSACTION COLLECTION FEE	08262019 @SWSP		0.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	02142019 @NSP		1.75	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	03252020 @EJSP		0.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	02072019 @CRAF		0.00	UNLIMITED	ACTIVE

COIPRAS

NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 09/01/2020 - 03/30/2021

SBI #: 000853511A Name: CORREA-MARTINEZ, OSVALDO DOB: 04/01/1961
 LOCATION: NSP-NORTH-C1W-119B INM# 1202349

TRANSACTION DESCRIPTIONS 2103 RELEASE SAVINGS SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
BEGINNING BALANCE:					0.00
10/15/2020	EJSP	TOR	TRANSFER OUT REGULAR TO NSP	0.00	0.00
10/20/2020	NSP	TIR	TRANSFER IN REGULAR FROM EJSP	0.00	0.00
11/25/2020	EJSP	TOR	TRANSFER OUT REGULAR TO NSP	0.00	0.00
12/01/2020	NSP	TIR	TRANSFER IN REGULAR FROM EJSP	0.00	0.00

TRANSACTION DESCRIPTIONS 2102 WORK RELEASE SAVINGS SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
BEGINNING BALANCE:					0.00
10/15/2020	EJSP	TOR	TRANSFER OUT REGULAR TO NSP	0.00	0.00
10/20/2020	NSP	TIR	TRANSFER IN REGULAR FROM EJSP	0.00	0.00
11/25/2020	EJSP	TOR	TRANSFER OUT REGULAR TO NSP	0.00	0.00
12/01/2020	NSP	TIR	TRANSFER IN REGULAR FROM EJSP	0.00	0.00

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
BEGINNING BALANCE:					0.00
09/15/2020	EJSP	FPAY	3BS /JAN UN /FPAY /RG:1 21 @1.30 08/03/2020-08/31/2020	27.30	27.30
09/15/2020	EJSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	12.30
09/15/2020	EJSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	27.30
09/15/2020	EJSP	DED	FPAY-DEDUCTION-VCCBX-PAS170100045I	(9.01)	18.29
09/15/2020	EJSP	DED	FPAY-DEDUCTION-MEDL-03302020	(3.29)	15.00
09/21/2020	EJSP	RXL	PHARMACY LOAN	2.00	17.00
09/21/2020	EJSP	RX	AUTOPAYMENT: RX 14-SEP-20	(2.00)	15.00
09/22/2020	EJSP	CRS	COMMISSARY SALE - ORD #10069792	(13.45)	1.55
09/28/2020	EJSP	RXL	PHARMACY LOAN	1.00	2.55
09/28/2020	EJSP	RX	AUTOPAYMENT: RX 25-SEP-20	(1.00)	1.55
09/28/2020	EJSP	RXL	PHARMACY LOAN	3.00	4.55
09/28/2020	EJSP	RX	AUTOPAYMENT: RX 23-SEP-20	(3.00)	1.55
10/02/2020	EJSP	CEC	COMMISSARY RETURN - ORD #10069792	1.80	3.35
10/13/2020	NSP	AD	CASH ON ARRIVAL	0.00	3.35
10/15/2020	EJSP	FPAY	3BS /JAN UN /FPAY /RG:1 9 @1.30 09/01/2020-09/17/2020 4DN /JAN UN /FPAY /RG:1 12 @1.30 09/15/2020-09/30/2020	27.30	30.65

03/30/2021 12:02

DEPARTMENT OF CORRECTIONS

Page 8 of 25

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NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 09/01/2020 - 03/30/2021

SBI #: 000853511A Name: CORREA-MARTINEZ, OSVALDO DOB: 04/01/1961
 LOCATION: NSP-NORTH-C1W-119B INM#: 1202349

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
10/15/2020	EJSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	15.65
10/15/2020	EJSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	30.65
10/15/2020	EJSP	DED	FPAY-DEDUCTION-VCCBX-PAS170100045I	(9.01)	21.64
10/15/2020	EJSP	DED	FPAY-DEDUCTION-MEDL-03302020	(3.29)	18.35
10/15/2020	EJSP	TOR	TRANSFER OUT REGULAR TO NSP	(18.35)	0.00
10/19/2020	NSP	MEDL	MEDICAL LOAN	5.00	5.00
10/19/2020	NSP	MED	AUTOPAYMENT: MED 13-OCT-20	(5.00)	0.00
10/20/2020	NSP	TIR	TRANSFER IN REGULAR FROM EJSP	18.35	18.35
10/29/2020	NSP	AD	CASH ON ARRIVAL	0.00	18.35
11/13/2020	EJSP	FPAY	4DN /JAN UN /FPAY /RG:1 0 @1.30 10/01/2020-10/13/2020	0.00	18.35
11/23/2020	EJSP	FPAY	PAYROLL OCT 2020 4DN 2 \$1.30 7 DAYS	9.10	27.45
11/23/2020	EJSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(9.10)	18.35
11/23/2020	EJSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	9.10	27.45
11/24/2020	NSP	CRS	COMMISSARY SALE - ORD #10129259	(11.57)	15.88
11/25/2020	EJSP	TOR	TRANSFER OUT REGULAR TO NSP	(9.10)	6.78
11/30/2020	NSP	RXL	PHARMACY LOAN	1.00	7.78
11/30/2020	NSP	RX	AUTOPAYMENT: RX 24-NOV-20	(1.00)	6.78
12/01/2020	NSP	TIR	TRANSFER IN REGULAR FROM EJSP	9.10	15.88
12/22/2020	NSP	CRS	COMMISSARY SALE - ORD #10150913	(13.06)	2.82
01/11/2021	NSP	RXL	PHARMACY LOAN	1.00	3.82
01/11/2021	NSP	RX	AUTOPAYMENT: RX 06-JAN-21	(1.00)	2.82
01/13/2021	NSP	COP	COPIES	(0.10)	2.72
01/18/2021	NSP	FPAY	R12 /JAN UN /FPAY /RG:1 3 @1.30 12/29/2020-12/31/2020	3.90	6.62
01/18/2021	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(3.90)	2.72
01/18/2021	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	3.90	6.62
02/01/2021	NSP	MEDL	MEDICAL LOAN	5.00	11.62
02/01/2021	NSP	MED	AUTOPAYMENT: MED 27-JAN-21	(5.00)	6.62
02/16/2021	NSP	FPAY	R12 /JAN UN /FPAY /RG:1 19 @1.30 01/01/2021-01/29/2021	24.70	31.32
02/16/2021	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	16.32
02/16/2021	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	31.32
02/16/2021	NSP	DED	FPAY-DEDUCTION-VCCBX-PAS170100045I	(8.15)	23.17
02/16/2021	NSP	DED	FPAY-DEDUCTION-MEDL-04082019	(1.55)	21.62
02/23/2021	EJSP	CL	CLOSE ACCOUNT - CASH	0.00	21.62
03/01/2021	NSP	CRS	COMMISSARY SALE - ORD #10204934	(21.42)	0.20
03/01/2021	NSP	COPL	LEGAL COPIES LOAN	0.20	0.40
03/01/2021	NSP	COP	COPIES	(0.40)	0.00

COIPRAS

NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 09/01/2020 - 03/30/2021

SBI #: 000853511A Name: CORREA-MARTINEZ, OSVALDO DOB: 04/01/1961
 LOCATION: NSP-NORTH-C1W-119B INM# 1202349

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
03/15/2021	NSP	FPAY	R12 /JAN UN /FPAY /RG:1 19 @1.30 02/01/2021-02/26/2021	24.70	24.70
03/15/2021	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	9.70
03/15/2021	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	24.70
03/15/2021	NSP	DED	FPAY-DEDUCTION-VCCBX-PAS170100045I	(6.29)	18.41
03/15/2021	NSP	DED	FPAY-DEDUCTION-LEOTEF-PAS170100045I	(1.86)	16.55
03/15/2021	NSP	DED	FPAY-DEDUCTION-MEDL-04082019	(1.55)	15.00
03/15/2021	NSP	CEC	COMMISSARY RETURN -ES 03/01/2021	1.59	16.59
03/22/2021	NSP	CRS	COMMISSARY SALE - ORD #10218858	(12.79)	3.80

From: Osvaldo Correa-Martinez
Northern State Prison
165 Frontage Rd., P.O. Box 2300
Newark, N.J. 07114
B.I.# 855511A, State # 1202344
C-1-W, Cell # 119-B

NEOPOST

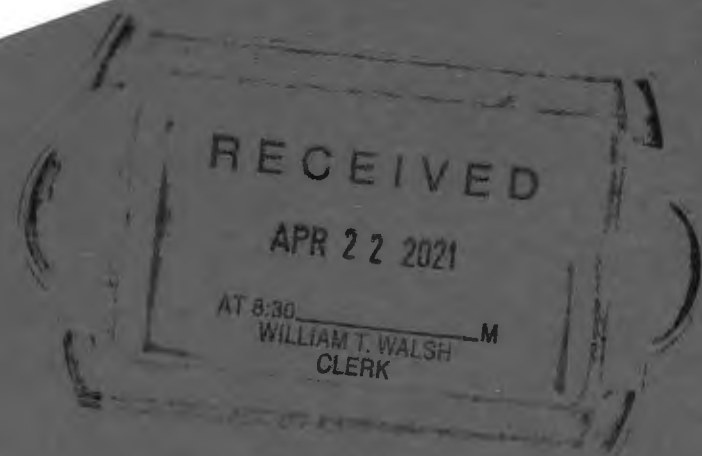
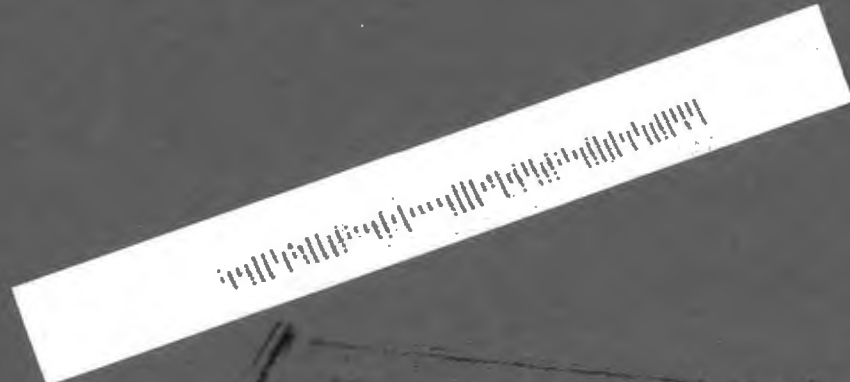
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